

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

TENET HEALTHCARE CORPORATION PAC

ADDRESS (number and street)

13737 Noel Road, Suite 100

☐Check if different
than previously
reported. (ACC)

Dallas

TX

75240

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00119354

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☒

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2006

through

08

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Todd Plott

Signature of Treasurer

Electronically Filed by Mr. Todd Plott

Date

09

08

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		26410.20
(b) Cash on Hand at Beginning of Reporting Period	8599.10	
(c) Total Receipts (from Line 19)	3054.52	27568.42
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11653.62	53978.62
7. Total Disbursements (from Line 31)	4000.00	46325.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	7653.62	7653.62
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

TENET HEALTHCARE CORPORATION PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	2007.52	10186.08
(i) Itemized (use Schedule A)	1047.00	17382.34
(ii) Unitemized	3054.52	27568.42
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	3054.52	27568.42
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3054.52	27568.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3054.52	27568.42

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		4000.00	31250.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	15075.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		4000.00	46325.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		4000.00	46325.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	3054.52	27568.42
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3054.52	27568.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
ELIZABETH LAMKIN
Mailing Address 31 WICKLOW DRIVE

City State Zip Code
HILTON HEAD IS. SC 29928

FEC ID number of contributing federal political committee.

C

Name of Employer
HILTON HEAD HOSPITALOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR1025760414931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DALE ARMSTRONG
Mailing Address 1135 CARTHAGE ST

City State Zip Code
SANFORD NC 27330

FEC ID number of contributing federal political committee.

C

Name of Employer
CENTRAL CAROLINA HOSPITALOccupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR1025775814931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JENNIFER DALEY
Mailing Address 5 CANDLEWICK CLOSE

City State Zip Code
LEXINGTON MA 02421-4307

FEC ID number of contributing federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION-HQOccupation
SVP, CLINICAL QUALITY/CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR1039838814931

Amount of Each Receipt this Period

78.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

158.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
JOHN J FERRELLI
Mailing Address RANCHO MIRAGE

City State Zip Code
Rancho Mirage CA 92270-4138

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHN F. KENNEDY MEMORIAL
HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1240924714931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
SHELLEY GILES
Mailing Address 3803 STOCKTON LN

City State Zip Code
DALLAS TX 75287-4919

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1479664414931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHARLES CONKLIN
Mailing Address 3901 HEARST CASTLE WAY

City State Zip Code
PLANO TX 75025-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1592857214931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
RICKY JOHNSTON
Mailing Address 404 N.CHURCH ST

City State Zip Code
MCKINNEY TX 75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP, INFO SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1592858214931

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Daniel WALDMANN
Mailing Address 2001 19th Street, NW, #5

City State Zip Code
Washington DC 20009-1346

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM-TEXAS

Occupation
VP Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1360.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1814798514931

Amount of Each Receipt this Period

160.00

P/R Deduction (\$80.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RICHARD FREEMAN
Mailing Address 105 S AVOLYN AVE

City State Zip Code
WERNERSVILLE PA 19565

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM-PHILAD-ELPHIA

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR406760914931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
MICHAEL HALTER

Mailing Address 111 RIGHTERS MILL RD

City State Zip Code
 ALLENTOWN PA 19072

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAHNEMANN UNIVERSITY HOSP-
ITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR406763214931

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
LEONARD ROSENFELD

Mailing Address 12213 PARK BEND DR

City State Zip Code
 DALLAS TX 75230-2364

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407201314931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
THOMAS WOLF

Mailing Address 2613 MILLINGTON DRIVE

City State Zip Code
 PLANO TX 75093-3560

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407205114931

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 20

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial) CRAIG E SIMS Mailing Address 4515 MANNING LANE City DALLAS State TX Zip Code 75220-6434 FEC ID number of contributing federal political committee. C Name of Employer TENET HEALTHSYSTEM-TEXAS Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 326.91		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR407211614931 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>38.46</td> </tr> </table> P/R Deduction (\$19.23 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y									38.46
M	M	/	D	D	/	Y	Y	Y	Y												
								38.46													
B. Full Name (Last, First, Middle Initial) JOHN F BEALLE Mailing Address 7817 PENCROSS LANE City DALLAS State TX Zip Code 75248-3108 FEC ID number of contributing federal political committee. C Name of Employer TENET HEADQUARTERS OFFICE Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR407214514931 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>40.00</td> </tr> </table> P/R Deduction (\$20.00 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y									40.00
M	M	/	D	D	/	Y	Y	Y	Y												
								40.00													
C. Full Name (Last, First, Middle Initial) JOHN B MCDONALD Mailing Address 2016 PEMBROKE AVE. City FORT WORTH State TX Zip Code 76110-1236 FEC ID number of contributing federal political committee. C Name of Employer TENET HEADQUARTERS OFFICE Occupation ASST GENERAL COUNSEL Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 340.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> Transaction ID: PR407215814931 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="8"></td> <td>40.00</td> </tr> </table> P/R Deduction (\$20.00 Bi-Weekly)	M	M	/	D	D	/	Y	Y	Y	Y									40.00
M	M	/	D	D	/	Y	Y	Y	Y												
								40.00													

SUBTOTAL of Receipts This Page (optional)

118.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
ROBERT SMITH
Mailing Address 2723 LAKERIDGE

City State Zip Code
CARROLLTON TX 75006-4723

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM-TEXAS

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407220014931

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ROBERT S HENDLER
Mailing Address 11122 W RICKS CIRCLE

City State Zip Code
DALLAS TX 75230-3032

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
REGIONAL CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407222814931

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CONLEY S CERVANTES
Mailing Address 819 CAMBRIDGE MANOR LANE

City State Zip Code
COPPELL TX 75019-6105

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407224714931

Amount of Each Receipt this Period

24.00

P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

174.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
GARY ROBINSON

Mailing Address 3412 DREXEL DRIVE

City State Zip Code
HIGHLAND PARK TX 75205-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
DEPUTY GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407225814931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DEBRA L ANDONIE-WALL

Mailing Address 2687 CLEAR SPRINGS CT

City State Zip Code
RICHARDSON TX 75082-4210

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
SR DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407226214931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
STEPHANIE SLOGGETT-O'DELL

Mailing Address 779 SOUTH BELLFLOWER DR

City State Zip Code
SPRINGFIELD MO 65809-1109

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407227014931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
DOUGLAS E RABE

Mailing Address 9923 CAPRIDGE DR

City State Zip Code
DALLAS TX 75238-3469

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407227314931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

GARRY M OLNEY

Mailing Address 2708 ISLAND LEDGE COVE

City State Zip Code
AUSTIN TX 78746-1982

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407234314931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

BARRY G WEINBAUM

Mailing Address 2670 HIDDEN VALLEY ROAD

City State Zip Code
LA JOLLA CA 92037-4025

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407235314931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)

WILLIAM C HENNING

Mailing Address 2735 LONG GROVE DRIVE

City State Zip Code
 MARIETTA GA 30062-8721

FEC ID number of contributing
federal political committee.

C

Name of Employer
CENTENNIAL MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407244714931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

RALPH ALEMAN

Mailing Address 7588 NW 51ST PLACE

City State Zip Code
 CORAL SPRINGS FL 33067-2053

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
MARKET VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407245314931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)

AURELIO M FERNANDEZ

Mailing Address 8540 N.LAKE DASHA DRIVE

City State Zip Code
 MARGATE FL 33324

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLORIDA MEDICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407247414931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. DAVID L ARCHER

Mailing Address 2594 HOCKETT COVE

City

GERMANTOWN

State

TN

Zip Code

38139-6655

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAINT FRANCIS HOSPITAL

Occupation

MARKET CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407250414931

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. DENNIS R BRUNS

Mailing Address 980 18TH AVE CIRCLE NW

City

HICKORY

State

NC

Zip Code

28601

FEC ID number of contributing
federal political committee.

C

Name of Employer
HILTON HEAD HOSPITAL

Occupation

CEO

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407251814931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. STEPHEN L NEWMAN MD, M.D.

Mailing Address 13 NEWCASTLE LANE

City

LAGUNA NIGUEL

State

CA

Zip Code

92677-9328

FEC ID number of contributing
federal political committee.

C

Name of Employer
OTHER EXECUTIVES

Occupation

CEO-TENET CALIFORNIA

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407257714931

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A.

Full Name (Last, First, Middle Initial)

MICHELE C MEYER

Mailing Address 230 GRIMSLEY N. BLUFF

City State Zip Code
 ST LOUIS MO 63129

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES PERES HOSPITAL

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

323.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407268514931

Amount of Each Receipt this Period

38.00

P/R Deduction (\$19.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)

PAUL D ECHELARD

Mailing Address 1167 HILLSBORO MILE#614

City State Zip Code
 WEST PALM BEACH FL 33062

FEC ID number of contributing
federal political committee.

C

Name of Employer
GOOD SAMARITAN MEDICAL CE-
NTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.91

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407270914931

Amount of Each Receipt this Period

38.46

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)

CRAIG C ARMIN

Mailing Address 23510 BERDON STREET

City State Zip Code
 WOODLAND HILLS CA 91367-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407274114931

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

126.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
CANDACE L MARKWITH

Mailing Address 5657 E THE TOLEDO

City State Zip Code
LONG BEACH CA 90803-4046

FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA VISTA REGIONAL MED-
ICAL CENTER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407280314931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
MICHELE M FINNEY

Mailing Address 3751 Katella Avenue

City State Zip Code
Los Alamitos CA 90720-3164

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOS ALAMITOS MEDICAL CENT-
ER

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR407283914931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
STEVE CORBEIL

Mailing Address 2063 KINGSPONTE DRIVE

City State Zip Code
CLARKSON VALLEY MO 63005-4484

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR413940414931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)
EDWARD MESCO
Mailing Address 7365 NW 54TH STREET

City State Zip Code
LAUDERHILL FL 33319-6346

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHSYSTEM

Occupation
DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR839477814931

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
VIOLETA L MAZZELLA
Mailing Address 8816 CANYON LANDS DRIVE

City State Zip Code
PLANO TX 75025-4221

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEADQUARTERS OFFICE

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR841454314931

Amount of Each Receipt this Period

32.00

P/R Deduction (\$16.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ANASTASIA B HUINER
Mailing Address 614 EAST ALAMAR AVE.

City State Zip Code
SANTA BARBARA CA 93105-2946

FEC ID number of contributing
federal political committee.

C

Name of Employer
TENET HEALTHCARE CORPORAT-
ION-HQ

Occupation
VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR841557814931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

122.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 20

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

A. Full Name (Last, First, Middle Initial)

SUZANNE KOZEL

Mailing Address 161 MEADOW RIDGE LN

City State Zip Code
JONESBORO NC 27517

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATLANTA MEDICAL CENTER

Occupation
MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.10

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR843980414931

Amount of Each Receipt this Period

38.60

P/R Deduction (\$19.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

IRENE CHAVEZ

Mailing Address 2001 No. Oregon Street

City State Zip Code
El Paso TX 79902-3368

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROVIDENCE MEMORIAL HOSPI-
TAL

Occupation
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR846339314931

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

78.60

TOTAL This Period (last page this line number only)

2007.52

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 20

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TENET HEALTHCARE CORPORATION PAC

Full Name (Last, First, Middle Initial)

A. Jim Gerlach for Congress Committee

Mailing Address P.O. Box 87

City Uwachland State PA Zip Code 19480

Purpose of Disbursement
Jim Gerlach, US Congress, Dist 6

Candidate Name
Congressman Jim Gerlach

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 6
Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 US PRIMARY ELEC

Transaction ID: 24429512

Date of Disbursement

08 / 10 / 2006

Amount of Each Disbursement this Period

1000.00

Jim Gerlach, US Congress,
Dist 6

Full Name (Last, First, Middle Initial)

B. Ensign for Senate

Mailing Address P.O. Box 26568

City Las Vegas State NV Zip Code 89126

Purpose of Disbursement
John Ensign, US Senate, R-NV

Candidate Name
John Ensign

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: NV District: 2
Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24496918

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

1000.00

John Ensign, US Senate,
R-NV

Full Name (Last, First, Middle Initial)

C. Georgians for Isakson

Mailing Address P.O. Box 71955

City Marietta State GA Zip Code 30007

Purpose of Disbursement
Johnny Isakson, US Senate, GA

Candidate Name
Rep. Johnny Isakson

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
State: GA District:
Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 24496907

Date of Disbursement

08 / 18 / 2006

Amount of Each Disbursement this Period

2000.00

Johnny Isakson, US Senate,
GA

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

4000.00